

Flow Meter with Telemetry Instructions

Step 1

Fill out **100a, signed Incentive Program form, W9, and Citizenship Attestation** forms and provide a **quote**

Step 2

After the Lower Elkhorn NRD receives the completed application forms, the applicant will receive an approval or denial letter from the Lower Elkhorn NRD.

Equipment may NOT be purchased/installed until after you have received approval from the NRD. Invoice/proof of purchase must be dated after application approval.

Once you have received your approval, you may then proceed with the purchase and installation of the flow meter with telemetry or with retrofitting your existing flow meter.

Step 3

Following installation of your new meter with telemetry or retrofitting your existing meter, you will need to provide a copy of your invoice

Step 4

The Lower Elkhorn NRD will process your payment and mail you a check after inspection and certification of proper installation

Cost Share for installing a flow meter with telemetry or retrofitting an existing flow meter will be 75% of the cost, not to exceed \$2,625.00

Flow Meter Telemetry Incentive Program

Purpose: to provide a financial incentive for the utilization of telemetry equipment to monitor McCrometer flow meters remotely on irrigated fields for more efficient irrigation use and to assist the well owner in remaining compliant with any annual groundwater allocation requirements.

Eligible Participants: Producers with irrigated fields that have certified irrigated acres in the Lower Elkhorn Natural Resources District or land associated with an approved variance to establish or expand groundwater irrigated acres. Can be utilized to purchase a new McCrometer MO300 – STX meter with telemetry, or retrofit an existing McCrometer meter with telemetry.

Eligible Components: Purchase of McCrometer MO300 – STX meter with telemetry or retrofit existing McCrometer meter with telemetry.

Requirements:

1. Producer will complete 100a application form, W-9, citizenship attestation, sign this form, and provide a quote to the LENRD. Purchase CANNOT be made until after the application has been approved by the LENRD. Purchases made prior to application approval will NOT be eligible for cost share payment.
2. Following application approval, producer will purchase and install the equipment. Payment will be made in full by the producer. After purchase, producer will provide a copy of the paid invoice to the LENRD. A check will then be mailed to the producer after verification of proper installation.
3. Producer agrees to allow access to the flow meter data by the LENRD. This information will not be shared with any third party and will only be used by the LENRD to monitor compliance or for water resources management.
4. Producer must maintain flow meter with telemetry for at least 3 years/growing seasons, including paying any annual data fees required by McCrometer.
5. Real-time data on water use will be delivered to the producer through the Producer Connect App and McCrometer website

Cost Share: 75% of the cost of purchase and installation, not to exceed a maximum of \$2,625.00

I agree to abide by the requirements of this program, and understand that my payment is dependent upon meeting these requirements.

Signature

Date

**Request for Assistance
Land & Water Development Assistance Program**

NAME & ADDRESS	PHONE NUMBER: _____	COUNTY: _____
		LEGAL: _____

Expiration Date: _____

(Date to be determined by NRD)

Practice Number	Description of Practice	Extent Requested	75 % Rate Co. Average	Assistance Requested	Units Performed	Payment
	Flow Meter with Telemetry (Up to 75%)					
	\$2625.00 limit					
	TOTAL					\$

LANDOWNER AND/OR APPLICANT CERTIFICATION: I hereby request assistance under the Land and Water Development Assistance Program administered by the Lower Elkhorn Natural Resources District (LENRD). **By signing this Request for Assistance, I hereby agree to maintain these Practice(s) up to the specifications for the USDA Natural Resources Conservation Service specified "Life of the Practice", and to repay all LENRD cost share funds if the practices are not maintained.** The Practice(s) shown above are in accordance with a **Resource Conservation Plan** developed with the LENRD. I further certify that I have the authority on behalf of the Landowner(s) to make this request and carry out the above practices and I hereby assume full responsibility for the same. I agree that I am obligated to pay at least 25% percent of the cost of this conservation practice. Any reduction in the contractors billing or refund of payment must be reported to the LENRD. Any violation of the terms set forth in the Request will result in a lawsuit against me, for which I will pay.

SIGNATURE: _____

DATE: _____

TECHNICIAN'S STATEMENTS:

The Landowner has applied for EQIP Funds: ☐ YES

☐ NO

Amount Approved \$ _____

TECHNICIAN'S SIGNATURE: _____ **DATE:** _____

REMARKS:

The **NRD Board approved** the extent and amount shown above.

For NRD Board: _____ **DATE:** _____

CERTIFICATION:

Acres Treated: _____

Feet of Terraces: _____

The practice shown above has been performed to the extent shown in practice units performed column and meets NRD specifications.

TECHNICIAN'S SIGNATURE

DATE

FOR NRD OFFICE USE:

Actual Cost: _____

Total Cost
Share: _____

Less Other: _____

LENRD
Payment: _____

Date Paid: _____

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**2** Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification; check only **one** of the following boxes:

- ☐ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate
☐ Non-Profit Entity ☐ Government (Local, State or Federal)
☐ **Limited Liability Company.** Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)
☐ Other (see instructions)

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.**4** Exemptions (see instructions): Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

5 Address:

Remit Address (if different):

6 City, state, and ZIP code

City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN):

OR

Employer Identification Number (EIN):

Month & Year Tax Id/Name changed

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person:

Date:

Printed Name:

Contact Phone:

Comments or Business/Entity Notes:

ACH Enrollment:☐ Initial Setup☐ Change☐ Close Account

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States. <input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
Address:	Depositor Account Number:	Prior Account Number: *	
City, state and ZIP code:	Type of Account:	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

This account will be used for all payments by the State of Nebraska unless specified here:

E-mail:

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature: Printed Name: Date:	Attachment Required! (Select and attach one of the following items for verification): <input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check <input type="checkbox"/> Letter from your financial institution <input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions
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AGENCY APPROVAL #1 -Signature:

DATE:

AGENCY APPROVAL #2 -Signature:

DATE:

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a **citizen** of the United States.

— OR —

☐ I am a **qualified alien** under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE